

Spousal Surcharge Affidavit

Policyholder/Plan Employee Name _____

Check appropriate box, sign, and date this form. You must submit it to human resources (HR) and provide required information as indicated. To avoid payment of the surcharges you must submit this information at least one week prior to the effective payroll date. No refunds or retroactive credits will be issued.

I am enrolling my spouse for Village medical/dental/vision benefits:

- My spouse is employed but is not eligible for or not offered health benefits through the employer. A letter, on the employer's letterhead with an employer contact person's name and phone number, that states your spouse's name and that your spouse is not offered health benefits must be attached.

- My spouse is unemployed and not covered under any other employer-sponsored health coverage. A copy of the prior year's federal tax return (with financial information blocked out) showing unemployed status must be attached. If recently unemployed, a signed, notarized statement is attached stating the name of my spouse and a statement attesting that my spouse is currently unemployed and not covered under any other employer-sponsored health coverage.

- My spouse has coverage available through another source, but I elect coverage on the Village policy. I understand that I will be charged a surcharge as a result.

I do hereby attest that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

Full legal name of spouse: _____